IMPROVEMENT OF ACCESS TO MENTAL HEALTH SERVICES AMONG MOST AT RISK POPULATIONS
IN GREAT CAIRO (Cairo and Giza governorates)

NARRATIVE REPORT

Association (name, acronym, address, telephone):
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Title of the project: "Improvement of access to mental health services among most at risk populations in Great Cairo"

Country: Egypt

Place of intervention: Great Cairo (Cairo and Giza governorates)

Budget of the action: 778,661 €

Drosos Foundation's contribution: 622,929 €

Duration of the action: 36 months

Starting date: May 2014

Project responsible: Ms Elise JOISEL

Reporting period: 1st May 2014 – 31st October 2014

FIRST INTERIM ACTION REPORT

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Acronyms

GSMH
MARP
MdM
Ministry of Social Solidarity (MOSS)
MoFA
MoHP
PHC
PHCC

Context

1. Project context, MdM mission in Egypt

Médecins du Monde-France has been present in Egypt since the end of 2004, it is regularly registered under the local authorities, Ministry of Social Solidarity (MOSS) (registration number 60, 2014).
Médecins du Monde implemented and completed two projects:
“Access to Reproductive health care for girls living in the streets of Cairo” (2005-2008), funded by the European Union and Drosos Foundation.
“Health right promotion for Children in Street Situation in Great Cairo”, (2009-2012), funded by Drosos Foundation.
At the end of April 2012, and following the recommendations of the final project evaluation, Médecins du Monde carried out for 8 months, until the end of 2012 a short action focusing on two aspects of importance, the consolidation of a Pool of Trainers, qualified in Children in street situation needs, and HIV prevention among children in street situation. Such extension of the project was also funded with the remaining budget of the children in street situation project.

2. Project description and justification

The situation of mental health care access emerged as an important weakness in the health system in Egypt, for the general population but with worse consequences on people already in a vulnerable or at risk situation.
A more systematic research and analysis of the situation helped MdM to identify the important challenges in the health and social system, regarding mental health. These challenges can be summarized as following: marginalized and at risk population, like women victims of violence, children in street situation, people living with HIV/AIDS and/or at risk groups, and children with disabilities, have difficulties in reaching good mental health care services.
To better clarify the actual situation:
Most of NGOs supporting those vulnerable groups cannot provide, for lack of expertise and/or resources, integrated services or do not have mental health support programmes in the community;
Primary health care centres do not provide mental care services, in general and especially in marginalized and deprived areas;
Widespread stigma around mental health and towards people affected with mental distress and disorders, or at risk population is very strong and rooted in the Egyptian society.
Finally, there is no platform for exchange and dialogue for civil society, for family networks, health and social practitioners, and local authorities on issues related to mental health.
(ANNEX 1. Needs assessment analysis, 2013)

3. Date of the beginning of the project

According to MdM and Drosos contract, the project was supposed to start in January 2013.

Unfortunately, it started only in May 2014, one year and half later, for reasons related to the lack of approval from the Ministry of Social Solidarity (MOSS) on starting the new project.
Although MdM informed always about the ending of projects and beginning of new ones to the concerned authorities, MOSS and Ministry of Foreign Affairs (MoFA), we have experienced an unprecedented long waiting to start the new project, although mental health topic goes under the same scope of MdM registration in Egypt.
Due to the lack of permission, and with a clear letter from the MOSS to MdM, asking directly to not start any new activity without their approval, MdM had to put the project on stand-by.
Fortunately, Drosos Foundation decided to frieze the fund until MdM will get the approval. This important decision allowed MdM to do the following, using MdM proper funds: keeping a very small team active in Cairo, namely the general coordinator, one mental health officer (part-time), one driver (part-time), and for a short period as well an IEC officer (part time); organizing basic mental health lectures for the staff of NGOs, carried out by MdM mental health officer; organizing for two of the NGOs partners (El Shehab and Basmat Amal) health education activities using theatre.
All of the above mentioned activities aimed at keeping a strong link with the NGOs partners; to continue the negotiations with the concerned authorities, MOSS and MoFA, and as well the MoHP.
Finally, in March 2014, the approval for the new project suddenly arrived, MdM and Drosos decided to officially start the project in May 2014, therefore the new timeline of the project is May 2014-April 2017.
MdM, as soon as the approval arrived, started the recruitment process for all the national team, and as well for the expatriate medical coordinator. The entire team was all recruited at the end of July 2014.

Project: Objectives, results and activities implemented

1. Reminder on: Objectives, results, and activities

The general objective of the project is:
"Improvement of access to mental health services among most at risk populations in Greater Cairo".
The entire project will focus at enhancing the access of mental health services in the community and in the primary health care system.

The project has three specific objectives through which specific results will be achieved with the implementation of activities that are mainly focused at: capacity building for the staff of NGOs and PHC centres; anti-stigma and health education community activities and finally advocacy actions.

First objective: Mental Health services are available and effective in 7 PHC centers in Cairo

Result 1: **The system is organized to introduce mental health activities inside the 7 PHC centres**

Activity 1: Organization of a referral system
- Organize the visits of the primary health facilities staffs to the mental health hospitals.
- Organize workshop and coordination meetings between mental health hospital staffs and primary health care staffs to improve the referral system.
- Create a contact list and improve the feed-back to the primary health care centers

Activity 2: Introduction of Mental Health as part of Family Health model in PHCC
- Create a Mental Health sheet to be integrated in the family folder.
- Plan on a regular basis the presence of a psychiatrist to give specialized consultation for patients

Activity 3: Equipment of rooms and/or renovation of existing consultations rooms in PHC centers.

Result 2: Health professionals, Health workers, Social workers, and community visitors of 7 HCC in Cairo improved their skills and knowledge on mental health and apply it

Activity 1: Training of Health Professionals of 7 PHC centers on Mental Health diseases, psychotherapy techniques and psychiatric drugs (including therapeutic education)
-To strengthen the knowledge of the PHCC staffs on therapeutic indications, interactions and side effects of psychiatric drugs (work on the basis of the national mental health guidelines)
-Strengthen and/or introduce the skills of non-pharmacological interventions (listening, psychotherapy, addressing social factors, and training of family…) in the PHCC to allow the better follow-up of patients.
-Plan on-the-job training after training sessions to improve the follow up of trainees

Activity 2: Training of Social workers and Health visitors on social aspects of psychiatric diseases
(Screening, awareness, follow-up of patients, communication skills, therapeutic education and Training of trainers)

Activity 3: Participation in updating and distributing the existing Mental Health guidelines

Second Objective: Capacities of the civil society to work with vulnerable population are improved

Result 1: Capacities of local NGOs to respond to mental disorders are strengthened

Activity 1: Training for the staff of the partner NGOs on mental health disorders, counseling; referral system; in providing awareness sessions on MH to the community leaders; training in animating focus groups

Activity 2: Coordination meetings with the PHC center's team, and MH hospitals.

Activity 3: Participation in Health Education sessions and in the social activities of the PHC centers.

Result 2: Vulnerable people suffering of mental distress are supported by the communities and the Health System in Cairo

Activity 1: Creation or strengthening of a network of patients families.

Activity 2: Awareness of the communities on Mental Health distress and solutions (NGOs, community and religious leaders, schools, youth clubs) through radio programs and/or theater activities and/or seminars (still a range of other activities can be discussed).

Activity 3: Discussion groups for the patients in PHC centers and NGOs.

Activity 4: Production and distribution of information documents.

Activity 5: Awareness sessions (for mental health hospitals staff, PHC centre staff, NGOs, community leaders, families and patients) on the rights to health care access.

Activity 6: Social research on the obstacles of Mental Health access

Objective 3: Effective and sustainable resources are allocated to implement efficient Mental Health policies

Result 1: An action plan is developed for advocacy

Activity 1: Definition of an Advocacy Action Plan

Result 2: Reinforcement of the existing data collection system

Activity 2: Data collection about mental health in Primary Health Care centers, integrated in the existing data collection system.

Result 3: Promotion of a deeper integration of community mental health care in the health system

Activity 3: Organization of conferences on decentralization of Mental Health services and on community based approach.

2. Reminder on: Target groups and beneficiaries

The project targets mainly those who are already vulnerable or at risk or stigmatized groups, for whom mental health services are not existing or lack in quality.

To be specific, the target groups are the ones who are involved in the project activities and who as well benefit of the final results of the intervention:

- People suffering of mental health distress and their families, who will benefit of the de-stigmatization campaigns and advocacy actions, and as well by better services provided in their community;
- Egyptian civil society working with vulnerable populations, who will reinforce its capacities to address mental health problematics within its different actions (NGOs);
- Professionals working at primary health care centres, whose role will be reinforced and valued (PHC centres);
- Egyptian health authorities, who will benefit from pilot implementation of the mental health decentralization policy.
- Community actors in specific neighbourhoods of Greater Cairo, like religious leaders, school teachers and social workers.

The direct beneficiaries are:

- Women victims of violence; in 2005, Egypt Demography and Health Survey estimated that 47% of married women suffered physical and psychological violence
- Children in street situation, who are estimated by the local actors to be several tens of thousands in Cairo.
- People living with HIV/AIDS and/or people at risk, i.e affected by substance abuse disorders, who face various forms of psychological distress due to their condition (chronic disease, stigma, difficulties due to treatment);
- Children with disabilities; the psychological impact of a physical and/or mental disability is rarely taken enough in consideration by medical staff, and there is not enough awareness among the community.

	TARGET GROUPS AND DIRECT BENEFICIARIES				
	NGOs staff	**PHC staff**	**Direct beneficiaries/MARPs**	**Community actors**	**Authorities**
PROJECT FINAL	**24** (1 IEC person, 1	**56**	**2520**	**1421** (includes	**160** (see result 2

REACH	focal point, 2 social workers for each NGO) (6)			family groups, school teachers, community and religious leaders, youth clubs members) participating in or attending: health education sessions, mental health awareness sessions.	activity 5)

3. Implemented actions according to planned activities

Objective one

Regarding all the activities related to Objective one "Mental Health services are available and effective in 7 PHC centers in Cairo", they have not started yet.

It is worth considering that this project has been thought about, drafted and discussed since half of 2011 with different management levels of the MoHP, in particular the managers of the PHC department and their directors, and the directors of the General Secretariat of Mental Health (GSMH).

The clear enthusiasm in 2011 from one of the old manager of the PHC department, and also her direct request to start this important project, as mental health care was, with elderly care, the missing gap in health care units system, have been followed by an endless change in directors, both in the PHC and in GSMH, in Ministers of Health and a political very unstable situation in Egypt.

The unstable political situation, the lack of transparency regarding rules and conditions for NGOs to operate in the country, led to a general atmosphere of suspicion towards the operations and funds of NGOs, national and international. Ministries, in MdM case the Ministry of Health and Population, used to receive orders to not start any collaboration with INGOs before consulting with MOSS and MFA.

MdM was informed that the PHC and Nursing department is responsible for the integration of Mental health in PHC. MdM is still under negotiations directly with the Minister of Health and Population office, with Dr Emad Ezzat, director of the PHC and Nursing department, and Dr Mona Hafez, for the Children with special needs Directorate and with Dr Hisham Ramy, GSMH director.

MdM is optimistic about starting very soon the collaboration with the MoHP, because they have been very committed in reading and commenting our drafted MoU.

The delay in starting the activities of Objective one does not have for now a negative impact in the overall project, as MdM team is investing time in preparing the staff of the NGOs partners, through capacity building and health education and anti-stigma session activities,. This staff will actually need to be directly involved with the staff of the PHC centres, once we start the health education sessions with both teams, PHC and NGOs.

Second Objective: Capacities of the civil society to work with vulnerable population are improved

Result 1: Capacities of local NGOs to respond to mental disorders are strengthened

Activity 1: Training for the staff of the partner NGOs on mental health disorders, counseling; referral system; in providing awareness sessions on MH to the community leaders; training in animating focus groups

Time: 1st month, "workshop for training needs" of NGOs.

Time: 4 sessions/subjects/first year; 5 sessions/subjects/2nd year; one session in the third year.

Target groups: each year 24 social workers of the NGOs will receive a training package;

The project started officially on the 1st of May, MdM management dedicated the first months to finalize the recruitment of the entire team, technical and administrative team.

The third month was dedicated to make a second needs assessment to confirm on training needs in general with the NGOs partners.

(ANNEX 2: RE-ASSESSMENT OF NGOS)

The first assessment was done a year earlier. Therefore it was important to confirm if the needs were the same and to know new needs and information about the NGOs on-going activities, about the staff, any new challenge and to confirm their commitment in the project partnership.

The technical team, based on the training needs assessed has prepared a list for the first training sessions, and they are currently preparing the material for the sessions.

The main idea is to provide all NGOs with training subjects that are basic and common for all. Then in the beginning of the second year, the team will tailor the subjects according to the specific vulnerable populations the NGOs are targeting.

Calendar of training sessions:

November 2014: Psychological First Aid, and Basic Counselling 1 (Basic psychosocial support);

December: Case management (Basic psychosocial support);

January: Self care (Basic psychosocial support); Research skills session (to prepare data collection for the Social Research)

February/March: Group support for children and adults (Basic psychosocial support)

April: Basic Counselling 2 (Basic psychosocial support)

Activity 2: Coordination meetings with the PHC center's team, and MH hospitals
Time: 1st meeting will take place on the 3rd month. It will take place every two months.
Target groups: Every two months a coordination meeting with the attendance of: 5 NGO representatives, 2 representative of PHC department, 1 representative of Mental health hospital, MdM representation.

The first coordination meeting took place at the end of September 2014.
In fact this meeting was the partnership building workshop that took place in three days.
Only the NGOs teams participated, as the MoHP partners are still not involved in the activities.
The main objective of this partnership workshop was to share with all the partners again the objectives, results and activities of the project, and as well to better understand the roles of each partner in the project.
With the facilitation of an external consultant, and MdM team participation, the workshop alternated different tools, from open discussions, working groups, energizers, to create a participatory interaction with the partners.
It was as well considered as the official launching of the project.

Activity 3: Participation in Health Education sessions and in the social activities of the PHC centers.
Time: During the first coordination meeting (on the 3rd month) an health education programme session will be prepared, and it will take place once a month.
Target groups: community actors, plus families, plus patients will attend once a month. Number of monthly attendance: 70, total per year 840 attendees.

The health education sessions inside the PHC centres did not start yet, as the MoHP partners did not sign yet the Memorandum of Understanding with MdM.

Result 2: Vulnerable people suffering of mental distress are supported by the communities and the Health System in Cairo
Activity 1: Creation or strengthening of a network of patients families.
Time: at the end of the first year, the network of families starts to meet regularly.
Beneficiaries: the network will be finally composed by an active group between 10 and 20 members.

The project will use the coordination meetings, and the field awareness session activities with the scope of creating strong link with communities and families.

Activity 2: Awareness of the communities on Mental Health distress and solutions (NGOs, community and religious leaders, schools, youth clubs) through radio programs and/or theatre activities and/or seminars (still a range of other activities can be discussed).
Time: from the 8th month/first year, first anti-stigma activity.

Target groups and indirect beneficiaries:
3 Theatre workshops, plus one final performance: 30 participants each time.
2 radio programmes: each on line session will contain 10 stories. Total of 20 stories.

MdM has a dedicated team for the health education and IEC tools, one general practitioner and one social worker.
The first anti-stigma workshop targeted all the NGOs teams, as it was on basic and common concepts of stigma and mechanisms to fight the stigma.
The workshop took place in October 2014 and 22 from the staff of the 5 NGOs partners attended, two months earlier according to our action plan.
At the moment the IEC team is preparing an health education strategy and action plan for the next 6 months for each NGO/target population, in collaboration with the IEC referents for each NGO.
(ANNEX 3: ANTI-STIGMA WORKSHOP REPORT)

Activity 3: Discussion groups for the patients in PHC centers and NGOs.
Time: 9th month/first year, first discussion groups taking place. Following, one session per month.
Beneficiaries: Each discussion group will have 40 attendees total per month. Total 480 per year.

The term "Discussion group" has been changed after discussing with MdM technical team about the correct and most suitable term for our project. Therefore the term changed and is **Support group**.
The activity will start to take place later on, and meanwhile the staff of the NGOs will receive a training session on how to conduct in their NGO support groups for their beneficiaries.

Activity 4: Production and distribution of information documents.
Time: 10th month, first materials to be printed and distributed. Second round will be in the beginning of second year, end of second year, and beginning of third year.

MdM team with the NGOs is preparing for the first brochure of the project, and will be finalized and printed in December 2014.

Activity 5: Awareness sessions (for mental health hospitals staff, PHC centre staff, NGOs, community leaders, families and patients) on the rights to health care access.
Time: end of first year.
Target groups: Community leaders, staff of health care centres, NGOs, families will attend from the end of the first year 4 sessions per year. Participants each session: 40. Total of 160 each year, 480 for three years.

In April 2015, we will organize a session for the project network on rights to mental health care. Most probably the session will take place within the first conference that will take place at the end of the year.

Activity 6: Social research on the obstacles of Mental Health access
Time: First trimester /first year.
The social research process started in October 2014, through internal meetings with MdM team on revision of objectives, methodology and timeline for the research.
As the rest of all the project activities, the social research activity was drafted long time ago (one year and half ago), and it was discussed upon by many different project teams.
Finally, having a well prepared and strong technical team allowed us to start the research process again and with new and clear objectives and methodology, that are going to make this research not only a solid result for this project and every stakeholder who work in this field, but as well a strong tool to rely on for the project activities justification, and for the advocacy on mental health care access.
The main modification is related to the timeline.
The research is not perceived anymore as a mere situation analysis, but a process of observing, data collection, and analysis that runs parallel to the project itself, therefore the research will be carried out from October 2014 to May 2016, resulting in a final publication.
The MdM psychologist has prepared a very clear and comprehensive document about the social research design, which also includes an action plan. **(ANNEX 4: SOCIAL RESEARCH)**
MdM team is involved in most phases of the research, but as well our NGOs partners, professionals in the field and university students for the data collection.
(ANNEX 5: SOCIAL RESEARCH ACTION PLAN)

Third Objective: Effective and sustainable resources are allocated to implement efficient Mental Health policies
All the activities related to the third objective, which is mainly related to advocacy and as well the involvement of the PHC centres, will start to take place later on.
An MdM advocacy officer is going to be hired next March 2015.

4. Partnership progress

Regarding the final choice of the partners, there has not been any change since the draft of the proposal, except for the NGO “Waay” (PHASE), which finally was not included anymore as an operational partner in the project.
The reasons for this decision are the following: MdM did not consider Waay an NGO that could guarantee a strong community involvement and impact for this project. Unfortunately MdM misunderstood this point from the meetings held with “Waay” responsibles who claimed to have community actions; another reason is that “Waay” is more business oriented in giving training sessions, after payment. We felt that it would be better not to involve ourselves in a collaboration that from the beginning had different aims and as well communication challenges.
The above points have been discussed with Drosos representative, who also agreed on the decision to not have “Waay” as an operational partner in the project, and to

have it only involved in case a specific training session is needed, and therefore a contract of service could be signed with them.

With the rest of NGOs (El Shehab, Caritas, Abna' el Ghad (old Banati), Basmat el Amal, and Cewla) the collaboration had an official positive and good start with the partnership building workshop, held in the end of September.
Before the workshop, MdM general coordinator and MdM liaison officer had the chance to meet individually with each NGOs directors or project focal points in order to discuss all the details of the collaboration and project management methodology, roles and responsibilities according to the agreement to be signed. All the agreements are signed, and project focal points and project IEC referents were chosen and their tasks read and understood.
As previously mentioned the partnership building workshop had the objective to share again with all the partners the objectives, results, and activities of the project, and as well a clarification of roles and responsibilities. Finally it was also a good occasion for the NGOs teams to meet with MdM teams.
NGOs benefited of this workshop as MdM team did, as it was the first moment of actual exchange of information about each other. Working groups and other activities helped the process of knowing each other positions, roles and activities in a friendly way.
Such a workshop will be organized every six month by MdM team, as a way to evaluate not only the project activities but as well the partnership collaboration, and set further steps and recommendations for the next period.
(ANNEX 6: PICTURES FROM THE PARTNERSHIP WORKSHOP)

One of the project tool to monitor and evaluate the project activities is the monthly meetings between the NGOs focal points and MdM Liaison officer. The first meeting took place at the end of October.
The first project activities (anti-stigma workshop and partnership workshop) have been discussed with the staff of NGOs partners involved in the data collection. The social research methodology was presented by MdM psychologist and MdM liaison officer. In order to better evaluate the activities we have prepared a monthly report template for the NGOs focal points.
(ANNEX 7.1: NGOs MONTHLY REPORT TEMPLATE AR)
(ANNEX 7.2: NGOs MONTHLY REPORT TEMPLATE EN)

5. Constraints and opportunities during the reporting period

The first 6 months of the project have achieved the results expected, according to the project proposal timelines described for each activity.
Activities that were not carried out are related to objective one, which requires the involvement of the MoHP concerned departments, General Secretariat of Mental Health (GSMH) and Children with Special Needs Directorate (CSND), which is the department responsible for the integration of mental health in primary health care.

As well, it is important to notice that unfortunately this delay is due to reasons that are unclear to MdM.

Main constraints can be summarized as the following:
MoHP concerned departments (GSMH and CSND) did not sign yet the MoU with MdM: this results in delaying the activities of capacity building and health education with the staff of PHC centres; the referral development and advocacy process; and any important decisions to be taken aiming at a good success of the project.

The opportunities can be listed as:
MdM team of professionals has strong skills and knowledge, besides having created good links and collaboration with the NGOs teams;
The organization of the partnership building workshop has launched the official bases for the project start, and was welcomed by the partners;
The first anti-stigma workshop, besides being well received by the participants of all NGOs, is as well an official launching of the IEC activities;
The social research process started and its topic created already a strong appreciation from the partners and as well other key informants.

Follow-up of the project and next steps

Important next actions for the coming 6 months are:
To plan in detail all 2015 project activities;
To finally sign the MoUs with the MoHP and starts all the activities related to the Objective one of the project. We are optimistic because of the last updates and productive contact with the responsible of the Children with Special Needs Directorate, who seems strongly motivated to start soon the collaboration.
To launch the IEC strategies and action plans with each NGO;
To draft an advocacy strategy and plan;
To organize a conference on experiences sharing;
To finalize the M&E tools of all the project results and share them with the partners;
To organize the next partnership building workshop, and project evaluation together with all partners, NGOs and MoHP.